

# FY22 MIIA Rewards Policy Update/Review Form



Municipality: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Name (please attach): \_\_\_\_\_

Update Date: \_\_\_\_\_

Describe change and why it was made:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How was updated policy communicated to employees (email, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

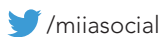
When: \_\_\_\_\_ By Whom : \_\_\_\_\_

OR  
 Reviewed (check) Reviewed by \_\_\_\_\_

Department Head sign off: \_\_\_\_\_ Date: \_\_\_\_\_

Selectmen signed off: \_\_\_\_\_ Date: \_\_\_\_\_

August 31, 2021



/miasocial

